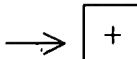


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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	4856-CIP
	First Named Inventor	Charles F. Streckfus
	COMPLETE IF KNOWN	
	Application Number	09/914,501
	Filing Date	
	Group Art Unit	
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF DIAGNOSING AND MONITORING MALIGNANT BREAST CARCINOMAS

the specification of which (Title of the Invention)

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **08/29/2001** as United States Application Number or PCT International

Application Number **09/914,501** and was amended on (MM/DD/YYYY) **08/29/2001** (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/259,993 PCT/US00/05364	1 March 1999 1 March 2000	6,294,349

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent

and Trademark Office connected therewith: ☒ Customer Number
OR

22922



22922

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number
Or Bar Code Label



OR ☐ Correspondence address below

Name	Rodney D. DeKruif, Esq. Reinhart, Boerner, Van Deuren, Norris & Rieselbach, s.c.						
Address	1000 North Water Street						
Address	Suite 2100						
City	Milwaukee	State	WI	ZIP	53202		
Country	United States	Telephone	414-298-8360		Fax	414-298-8097	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

100 Charles E. Streckfus

Inventor's Signature					Date	12/7/01	
Residence: City	Brandon	MS	State	MS	Country	US	
Citizenship	US						
Post Office Address	1211 Bay Vista						
Post Office Address							
City	Brandon	State	MS	ZIP	39042	Country	US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

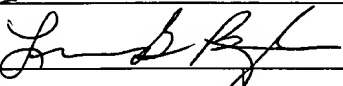
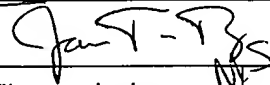
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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Lenora G.		Bigler	
Inventor's Signature 		Date 12/10/01	
Residence: City Clinton	State MS	Country US	Citizenship US
Mailing Address 15 Chatham Place			
Mailing Address			
City Clinton	State MS	ZIP 39056	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
James Tate		Thigpen	
Inventor's Signature 		Date 12/7/01	
Residence: City Jackson	State MS	Country US	Citizenship US
Mailing Address 3601 Kings Highway			
Mailing Address			
City Jackson	State MS	ZIP 39216	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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Attorney's Docket No. 4856 **PATENT**

Applicant or Patentee: Streckfus, et al.

Serial or Patent No.: 09,259,993

Filed or Issued: March 1, 1999

For: **METHOD OF DIAGNOSING AND MONITORING MALIGNANT BREAST CARCINOMAS**

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(c))-NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF CONCERN University of Mississippi Medical Center

ADDRESS OF CONCERN 2500 North State Street
Jackson MS 39216-4505

TYPE OF ORGANIZATION

- ☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
- ☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) AND 501(c)(3))
- ☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)
- ☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) AND 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA
- ☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled

Method of Diagnosing and Monitoring Malignant Breast Carcinomas

by inventor(s) Charles F. Streckfus, Lenora G. Bigler, James Tate Thigpen

described in

- ☐ the specification filed herewith.
- ☒ application serial no. 09/259,993, filed March 1, 1999.
- ☐ patent no. _____, issued _____.

I hereby declare the rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

MW506327RDD:REG 05/26/99

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having right in the invention is listed below* and no rights in the invention are held by any person, other than the inventor, who would not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small business entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING A. Wallace Conerly, M.D.

TITLE IN ORGANIZATION Vice Chancellor for Health Affairs

ADDRESS OF PERSON SIGNING 2500 North State Street, Jackson MS 39216-4505

SIGNATURE 

Date 5/27/99